

**ACADEMY TEL. NUMBER: (540) 853-2649**

**RECRUITER: (540) 853-6406**

**FAX: (540) 853-1114**

**Staff:** Lieutenant C. L. Davis, Academy Director  
Sergeant R. R. Morrison, Assistant Academy Director  
Sergeant G. C. Hurley, Wellness Coordinator  
Investigator C. O. Atkins  
Investigator D. E. Lovell  
Investigator C. B. Tinsley  
Investigator B. T. Mays  
Recruiter: Officer D. L. Rosser  
Secretary: Ms. Teresa Absher

Instructions for Filling Out the Application

Note: Please read this information carefully. It is imperative that you have your application filled out completely. Please make sure there are no time periods which are unaccounted for.

Do not sign the "Authorization for Release of Information" until you are in the presence of a Notary Public.

**DO NOT PUT ANY MILITARY SERVICE IN THE EMPLOYMENT SECTION. YOUR MILITARY OR RESERVE SERVICE GOES IN THE MILITARY SECTION ONLY.**

PLEASE FURNISH COPIES, WE WILL NOT ACCEPT ORIGINAL DOCUMENTS, OF THE FOLLOWING:

- 3 COPIES - BIRTH CERTIFICATE (USE FULL SIZE SHEET OF PAPER FOR EACH)
- 3 COPIES - SOCIAL SECURITY CARD (USE FULL SIZE SHEET OF PAPER FOR EACH)
- 3 COPIES - DRIVERS PERMIT (USE FULL SIZE SHEET OF PAPER FOR EACH)
- 1 COPY - MILITARY DD-214
- 1 COPY - MARRIAGE LICENSE
- 1 COPY - DIVORCE DECREE
- 1 COPY - HIGH SCHOOL DIPLOMA

CALL THE HIGH SCHOOL AND ALL COLLEGES YOU ATTENDED AND HAVE YOUR TRANSCRIPTS MAILED TO:

Roanoke Police Academy, Attn: Academy Director, 348 Campbell Ave, SW, Roanoke, VA 24016

HAND CARRIED TRANSCRIPTS WILL NOT BE ACCEPTED. (Order early this process can take two to three weeks.)

On the day of your written test you will be given the agility test weather permitting and the behavioral test. Make plans for most of the day to complete all of these tasks. You should bring the clothes with you that you want to run the agility test in.

**PHYSICAL AGILITY TEST**

Shuttle Run  
Obstacle Course

Human Resources should have furnished you a copy of what is expected on the physical agility test. All events are timed.

**THIS APPLICATION IS DUE BACK ON THE DAY OF YOUR WRITTEN TEST. IT IS MANDATORY THAT THE APPLICATION IS FILLED OUT PROPERLY AND COMPLETELY WITH ELEVEN REFERENCES IN ALL, WITH COMPLETE ADDRESSES. DO NOT REPEAT ANY OF THE NAMES. YOU MUST PROVIDE FULL MAILING ADDRESSES OF ALL YOUR PRESENT AND PAST EMPLOYERS, PHONE NUMBERS, INCLUDING CITY, STATE AND ZIP CODE.**

IF YOU DO NOT HAVE ENOUGH ROOM ON YOUR APPLICATION, ADD A SHEET OF PAPER USING THE SAME FORMAT AND ATTACH IT TO THE BACK OF YOUR APPLICATION.

FAILURE TO PROPERLY FILL OUT THE APPLICATION WILL ONLY DELAY THE SELECTION PROCESS.

**PERSONAL HISTORY QUESTIONNAIRE  
ROANOKE POLICE DEPARTMENT**

DATE: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**Instructions:** This record will be used as a basis for a detailed investigation of your background. Please answer all questions in your own handwriting or print using pen and ink. Identify any additional statements by question number. If a questions is not applicable write "NA".

1. Your legal name \_\_\_\_\_ 2. Age: \_\_\_\_\_  

LastFirstMiddle
2. If known by other names, list them: \_\_\_\_\_
4. Your present address \_\_\_\_\_  

Street Name & NumberCityStateZip Code
5. Home Telephone: ( ) \_\_\_\_\_ 6. Business Telephone: ( ) \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_ 8. Place of Birth: \_\_\_\_\_  

City or TownCountyState
9. U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Native \_\_\_\_ Naturalized
10. If naturalized, date of naturalization \_\_\_\_\_ Place \_\_\_\_\_ Court \_\_\_\_\_  

Mo.DayYr.

  
Certificate Number \_\_\_\_\_
11. Social Security Number: \_\_\_\_\_
12. Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. 13. Weight: \_\_\_\_\_ 14. Sex: \_\_\_\_ Male \_\_\_\_ Female
15. Color of Eyes: \_\_\_\_\_ 16. Color of Hair: \_\_\_\_\_
17. Martial Status \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Estranged
18. Date of Present Marriage: \_\_\_\_\_
19. Spouse's full name (Maiden Name if Applicable) \_\_\_\_\_  
Spouse's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
20. Were you married before present marriage? \_\_\_\_ Yes \_\_\_\_ No
21. If estranged, list present address of wife or husband:  
\_\_\_\_\_  

Street Name & NumberCityStateZip Code
22. If divorced, name court \_\_\_\_\_, City of \_\_\_\_\_  
State of \_\_\_\_\_ Where divorce was obtained.
23. If widowed - What was cause of wife or husband's death? \_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for the position of Police Officer with the Roanoke City Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Roanoke City Police Department bearing this release or copy hereof to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Roanoke City Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Roanoke City Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any court records, any driving records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon request of the duly accredited representative of the Roanoke City Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Roanoke City Police Department's acceptance and processing of my application for employment. I agree to hold the City of Roanoke, Virginia, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Roanoke City Police Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regards to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Roanoke City Police Department in conjunction with employment process.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

(THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARY PUBLIC

State of \_\_\_\_\_, City or County of \_\_\_\_\_

This day \_\_\_\_\_  
personally appeared before me and acknowledge his/her signature to the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

24. Do you have children? \_\_\_\_ Yes \_\_\_\_ No. If yes, list full names and date of birth of each below and show address where they reside.

Name of Child	Date of Birth	Address

25. List below full names of all immediate relatives such as father, mother, sister, brothers, stepsisters, stepbrothers. If deceased, give date of death in address space and mark deceased. Give mother's maiden name as her middle name.

Name of Relative	Relationship	Date of Birth	Address

26. List each grammar school, junior/middle and high school, trade or night school attended to receive your high school diploma or G.E.D. Start with most recent one attended and work back.

Name of School	City & State	Date of Attendance		Graduation	
		From	To	Yes	No

## 27. Higher Education:

Name of School	City & State	Date of Attendance		Graduation	
		From	To	Yes	No

**MILITARY STATUS**

If you have not served in the military, move to question #37. (*Do Not List Military Service in the Employment Section of this Application.*)

28.

Branch of Service	Military Service Number	Highest Rank Held

29.

Dates Entered Duty	Date Released from Duty

30. What type of discharge did you received? \_\_\_\_\_

31. Total months active duty? \_\_\_\_\_

List name of any military reserve unit or National Guard that you are a member of at present: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Commanding Officer: \_\_\_\_\_

32. What special training did you receive in the armed services that would be relevant to this position: \_\_\_\_\_

33. Did you have any arrest and convictions under the Uniform Code of Military Justice (UCMJ)? When, and for what offense? \_\_\_\_\_

34. Did you receive any disciplinary actions under UCMJ? When, and for what offense? \_\_\_\_\_

35. Were you ever court-martialed while in the military service? \_\_\_\_ Yes \_\_\_\_ No If so, state reason \_\_\_\_\_
36. What is your reserve obligation? \_\_\_\_\_
37. Selective service status: Give City and State where you registered for the draft.

City

State

Zip Code

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38. List any languages other than English which you can understand or speak. \_\_\_\_\_
39. Do you have life insurance on your life? \_\_\_\_ Yes \_\_\_\_ No If so, give name of company, address and amount of coverage \_\_\_\_\_
40. Have you ever possessed or used any amount of the following illegal drugs? No \_\_\_\_ Yes \_\_\_\_  
 Marijuana ☐ LSD ☐ Cocaine ☐ Crack Cocaine ☐ Speed/Crank ☐ Ecstasy ☐  
 Mushrooms ☐ Peyote ☐ PCP ☐ Steroids ☐ Others \_\_\_\_\_
41. Have you ever sold any amount of illegal drugs? \_\_\_\_ What and when? \_\_\_\_\_
42. Do you presently use any form of illegal drugs? \_\_\_\_\_

### FINANCIAL STATUS

43. What is your present salary? Monthly \_\_\_\_\_ Annually \_\_\_\_\_
44. Do you have any supplementary income other than your present salary? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, give name of company, agency, or person and amounts paid monthly: \_\_\_\_\_
45. What is your wife or husband's salary and for whom do they work? Include address of the employer:  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_

Street Name &amp; Number

City

State

Zip Code

46. Do you *own* or are you *buying your home*? \_\_\_\_ Yes \_\_\_\_ No If yes, give the following information:

Mortgage Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Unpaid Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

47. Do you own any other real estate? \_\_\_\_ Yes \_\_\_\_ No If yes, give the following information:

Mortgage Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Unpaid Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

48. Do you own an automobile? \_\_\_\_ Yes \_\_\_\_ No If yes, complete the description below listing all vehicles:

Make and Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Amount of Monthly Payment \_\_\_\_\_ Unpaid Balance \_\_\_\_\_

Financed by \_\_\_\_\_

Address \_\_\_\_\_  
Street Name & Number City State Zip Code

Make and Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Amount of Monthly Payment \_\_\_\_\_ Unpaid Balance \_\_\_\_\_

Financed by \_\_\_\_\_

Address \_\_\_\_\_  
Street Name & Number City State Zip Code

49. Do you own a trailer (camping or house) ? \_\_\_\_ Yes \_\_\_\_ No

Make and Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Amount of Monthly Payment \_\_\_\_\_ Unpaid Balance \_\_\_\_\_

Financed by \_\_\_\_\_

Address \_\_\_\_\_  
Street Name & Number City State Zip Code

50. Do you have a *checking account*? \_\_\_\_ Yes \_\_\_\_ No How many: \_\_\_\_\_

List name of bank (s), if yes.

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

51. How long have you had a checking account? \_\_\_\_\_

52. Do you have a *savings account (s)* ?        Yes        No How many:

List name of bank (s), if yes.

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

53. Do you own securities or stocks? \_\_\_\_\_ Yes \_\_\_\_\_ No Check appropriate range.

\_\_\_\_\_ Under \$500.                      \_\_\_\_\_ \$5,000. To \$10,000.

\_\_\_\_\_ \$500. To \$1,000.      \_\_\_\_\_ Over \$10,000.

\_\_\_\_\_ \$1,000 to \$5,000. \_\_\_\_\_ Contributions to Mutual Funds

54. Do you own bonds? ☐ Yes ☐ No If yes, give amounts below:

55. Do you rent? ☐ Yes ☐ No If yes, give monthly payment: \_\_\_\_\_

56. Monthly Utilities - list cost of each.

A. Telephone \_\_\_\_\_ B. Water \_\_\_\_\_ C. Lights \_\_\_\_\_ D. Heat \_\_\_\_\_

57. List below all firms which you have or have had charge accounts:

[illegible]



58. List name of insurance company that you have a Homeowner's policy with :

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59. Have you ever had an account placed in the hands of a collection agency? \_\_\_\_ Yes \_\_\_\_ No If yes, explain

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60. Have you or your wife/husband ever had your pay attached? \_\_\_\_ Yes \_\_\_\_ No If yes, explain

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61. Have you or your wife/husband ever been sued for any reason? \_\_\_\_ Yes \_\_\_\_ No If yes, explain

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62. Have you or your wife/husband ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No If yes, explain

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63. Have you or your wife/husband ever been under the wage earner's plan? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain

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64. Have you or your wife/husband ever been a party in a civil action? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain

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**ARREST RECORD**

65. Have you ever received any traffic citation or summons? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list all you have ever received below:

Date	Charge	Enforcement Agency	City and State	Disposition

66. Aside from information on Item 65, have you ever been arrested, confined or detained for investigation by any law enforcement agency, either as a juvenile or adult? \_\_\_\_ Yes \_\_\_\_ No Have you ever appeared in Court ( other than for traffic citations ) \_\_\_\_ Yes \_\_\_\_ No

Date	Charge	Enforcement Agency	City and State	Disposition

67. Have you ever been fingerprinted? \_\_\_\_ Yes \_\_\_\_ No If yes, state place, date and reason why \_\_\_\_\_  
\_\_\_\_\_
68. Has your spouse been arrested or fingerprinted? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
69. Have you ever been the operator of a motor vehicle involved in an accident which resulted in injury or death to a passenger or pedestrian, or property damage of more than \$50. \_\_\_\_ Yes \_\_\_\_ No If yes, explain in detail and disposition of case: \_\_\_\_\_  
\_\_\_\_\_
70. Can you operate an automobile? \_\_\_\_ Yes \_\_\_\_ No Number of years driving experience \_\_\_\_\_
71. Do you have in your possession a valid Virginia Operator's or Chauffeur's license? \_\_\_\_ Yes \_\_\_\_ No  
If yes, complete item below:  
License Number \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
72. Do you have in your possession an operator's or chauffeur's license from another state? \_\_\_\_ Yes \_\_\_\_ No  
If yes, complete item below:  
License Number \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
73. Have your operator's/chauffeur's license or privilege to operate a motor vehicle ever been suspended or revoked in the state of Virginia or any other state? \_\_\_\_ Yes \_\_\_\_ No If yes, explain below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT RECORD

74. List all employment, including part time. Start with present or last employer and go backwards. Do not list your Active or Reserve Military Service in this section.

A. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Mo. Da. Yr. Mo. Da. Yr.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Street Name & Number City State Zip Code

Salary \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you give a notice before leaving? \_\_\_\_ Yes \_\_\_\_ No (Amount of Notice) \_\_\_\_\_

B. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Mo. Da. Yr. Mo. Da. Yr.

Employer \_\_\_\_\_

Address			
Street Name & Number	City	State	Zip Code

Salary \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you give a notice before leaving? \_\_\_\_\_ Yes \_\_\_\_\_ No (Amount of Notice) \_\_\_\_\_

C. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Mo. Da. Yr. Mo. Da. Yr.

Employer \_\_\_\_\_

Address			
Street Name & Number	City	State	Zip Code

Salary \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you give a notice before leaving?      Yes      No (Amount of Notice)                     

D. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Mo. Da. Yr. Mo. Da. Yr.

Employer \_\_\_\_\_

Address			
Street Name & Number	City	State	Zip Code

Salary \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you give a notice before leaving? \_\_\_\_\_ Yes \_\_\_\_\_ No (Amount of Notice) \_\_\_\_\_

E. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Mo.Da.Yr. Mo.Da.Yr

Employer \_\_\_\_\_

Address			
Street Name & Number	City	State	Zip Code

Salary \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you give a notice before leaving? \_\_\_\_\_ Yes \_\_\_\_\_ No (Amount of Notice) \_\_\_\_\_

Address \_\_\_\_\_

Street Name & Number City State Zip Code

Did you give a notice before leaving?      Yes      No (Amount of Notice)                     

From	To	(Address) Street Number, City, State, Zip Code

76. List (5) neighbors names and addresses that presently live near you or have lived near you. (This can be neighbors also from when you were younger, who could give you a character reference.) ***(DO NOT REPEAT THE NAMES IN #76 & #77).***

Name	(Address) Street Number, City, State, Zip Code	Area Code/Phone #

Continued..... Name	(Address) Street Number, City, State, Zip Code	Area Code/Phone #

77. List below (6) six persons other than relatives or past employment supervisors who know you well enough to give information as to your character and reputation.

Name	(Address) Street Number, City, State, Zip Code	Area Code/Phone #

78. If not listed in the above references, do you know any law enforcement officers? Who and what department? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

79. Do you have any relative who is employed by the City of Roanoke? \_\_\_\_ Yes \_\_\_\_ No

80. Have you ever made application for employment to any other law enforcement agency? ☐ Yes ☐ No

If yes, explain and give details below:

Agency/City & State	Date	Disposition
Agency: City/State:		
Agency: City/State		
Agency: City/State		
Agency: City/State:		
Agency: City/State		

81. If you have applied at another police agency, is the application still pending? ☐ Yes ☐ No

82. Have you ever been fired or discharged from any job you have held? ☐ Yes ☐ No

If yes, explain

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83. Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, how often? \_\_\_\_\_

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84. Do you know of anything that would disqualify you for appointment as a police officer or would prevent you from fully discharging the duties of such a position? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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85. Do you have any computer skills? Yes ☐ No ☐ If yes, please explain \_\_\_\_\_

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CERTIFICATE

I hereby certify that all statements made in this application and any attachments are true and complete as far as I can determine, and I understand that any misstatement of materials facts may subject me to disqualification or dismissal.

In addition, I authorize all employers and other listed parties, in this application to provide information relative to my employment as requested by the City of Roanoke, Virginia releasing all parties concerned from damages or liability.

**Dated:** \_\_\_\_\_ **Print:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Revised: 07-09-01